



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5776

SERIAL NUMBER 09/973,581	FILING OR 371(c) DATE 10/09/2001 RULE 1.47	CLASS 379	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. 01-033
------------------------------------	----------------------------------------------------------------	---------------------	-------------------------------	--------------------------------------

APPLICANTS
 Jay S. Walker, Ridgefield, CT;
 James A. Jorasch, Stamford, CT;
 Thomas M. Sparico, New York, NY;
 Michael D. Downs, Stamford, CT; OA

**** CONTINUING DATA *******
 This application is a CIP of 09/657,338 09/07/2000 PAT 6,301,354 which is a CON of 09/434,477
 11/05/1999 PAT 6,178,240
 which is a CON of 08/826,930 04/08/1997 PAT 6,014,439 OA

**** FOREIGN APPLICATIONS *******
 NONE OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Anwarh OA Examiner's Signature Initials	STATE OR COUNTRY CT	SHEETS DRAWING 15	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------------------------	---------------------------	--------------------------------

ADDRESS
22927

TITLE
METHOD AND APPARATUS FOR ENTERTAINING CALLERS IN A QUEUE

FILING FEE RECEIVED 1156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------